



GHT

WCA GROUP HEALTH TRUST

Marathon County

GROUP#: 76-440003

**WELLNESS INITIATIVE
ANNUAL EXAM GIFT CARD REQUEST FORM
FOR SPOUSES ONLY**

EMPLOYEE NAME: _____

ADDRESS: _____

EMPLOYEE: NOT Eligible

SPOUSE'S NAME: _____

SUBSCRIBER ID#: _____

EXAM DATE: _____

PHYSICIAN: _____

(Attach a copy of Your Explanation of Benefits to receive the gift card)

INCENTIVE: **\$50 VISA GIFT CARD**

SIGNATURE: _____

FORWARD TO: WCA Group Health Trust
18550 West Capitol Drive
Brookfield, WI 53045

OR: Email: ghtinbox@aegis-wi.com

OR: Fax: 262-781-0026

This incentive program is available to every subscriber and their spouse who are covered through the WCA Group Health Trust. Reimbursement requests must be received within 90 days after the end of the plan year to be considered. (Members of any groups that terminate their plan with the WCA GHT must submit this form within 30 days after the end of the plan year to be considered.)

Your information will remain confidential and will not be shared with your employer or any other third party.

Thank you for caring about your health and participating in this program!